

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. **HZ531419**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

<b>OFFICER INFORMATION</b>		<b>INCIDENT INFORMATION</b>		
NAME (LAST - FIRST - M.I.) <b>FURLET, MILES J</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <b>4529 W WASHINGTON BLVD</b> <b>CITY</b> <input checked="" type="checkbox"/> <b>CHICAGO</b> <b>STATE (If outside Chicago)</b> <input type="checkbox"/> <b>LOCATION CODE</b> <b>330-OTHER</b> <b>BEAT OF OCCURRENCE</b> <b>1113</b> <b>DATE OF OCCURRENCE</b> <b>TIME</b> <b>DAY OF WEEK</b> <b>27-NOV-2016</b> <b>23:35:00</b> <b>SUNDAY</b> <b>NO. OF OFFICERS BATTERED</b> <u>5</u> <b>WERE THERE ASSISTING UNITS ON SCENE?</b> 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO <b>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ?</b> <u>5</u>		
STAR NO. <b>6211</b>	POSITION <b>POLICE OFFICER</b>			
DATE OF APPOINTMENT <b>31-OCT-2012</b>	EMPLOYEE NO. <b>      </b>			
UNIT OF ASSIGNMENT <b>011</b>	BEAT/CALL NO. <b>1162D</b>			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB <b>      </b>		
HEIGHT <b>511</b>	WEIGHT <b>200</b>			
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>				
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		<b>WORKING:</b> <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>3</u> <b>PATROL TYPE:</b> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER				
<b>TYPE OF ACTIVITY</b>				
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) <b>CHARGE 720 ILCS 5.0/12-3.05-E-1-AGG</b> <b>IUCR CODE</b> <b>BATTERY - AGGRAVATED:</b> <b>BATTERY/DISCHARGE FIREARM</b> <b>HANDGUN</b>				
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ <b>ORIGINAL IUCR CODE</b> _____				
<input type="checkbox"/> K. OTHER				
<b>TYPE OF INJURY TO OFFICER</b>		<b>OFFENDER INFORMATION</b> <b>SEX</b> <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F <b>RACE</b> <b>BLACK</b> <b>DOB</b> <b>18-DEC-1982</b> <b>CB NO.</b> <b>IR NO.</b>		
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<b>WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?</b> <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN <b>NO. OF OFFENDERS PRESENT?</b> <u>1</u>		
<b>LIGHTING CONDITIONS AT INCIDENT</b>		<b>WEATHER CONDITIONS</b>		
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD		<b>A. CLEAR</b> <b>D. FOG / SMOKE / HAZE</b> <b>G. OTHER</b> <input checked="" type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND <b>APPROXIMATE OUTDOOR TEMPERATURE:</b> <b>40 °F</b>		

REPORTING MEMBER - SIGNATURE  
FURLET, MILES J

STAR NO.  
6211

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
BAY, ROGER J  
35

1031 1083171 V#  
16-24  
1031 1083171 24